

**PARTICULARS OF APPLICANT**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Full Name (s): \_\_\_\_\_ DOB/ID No.:

Gender: \_\_\_\_\_ Nationality: \_\_\_\_\_ Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced

Cell: \_\_\_\_\_ Email: \_\_\_\_\_ Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Telephone: (W) \_\_\_\_\_ (H) \_\_\_\_\_

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Political Exposed Person: ☐ Yes ☐ No

Designation: \_\_\_\_\_

Related to a  
Political Exposed Person: ☐ Yes ☐ No

Relationship: \_\_\_\_\_

Method of Payment: ☐ Cash ☐ DO ☐ SO ☐ EFT **PAYER** ☐ If the person responsible for the payment is the Insured.

Source of Funds: \_\_\_\_\_ Gross individual monthly income:  
☐ N\$1 000 - N\$5 000 ☐ N\$5 000 - N\$10 000  
☐ N\$10 000 - above

**PAYER Details (If the person responsible for payment is NOT the insured)**

Relationship: \_\_\_\_\_ Surname: \_\_\_\_\_ Full Names: \_\_\_\_\_

DOB/ID No.:                      Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone number: (W) \_\_\_\_\_ (H) \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Signature: \_\_\_\_\_

**Bank Details** (If the method of payment is Debit Order and for payout purposes)

Account Holder Name &amp; Surname: \_\_\_\_\_ Name of Bank: \_\_\_\_\_

Account Number: \_\_\_\_\_ Branch Code: \_\_\_\_\_ Account Type: \_\_\_\_\_

☐ I wish to pay the above option by Debit Order from my bank account on the \_\_\_\_\_ day of every month.**Salary Details** (If the method of payment is Salary Order)

Employer: \_\_\_\_\_ Salary No.: \_\_\_\_\_

HR Officer: \_\_\_\_\_ Contact Details: \_\_\_\_\_

**I hereby nominate the following beneficiary**Name: \_\_\_\_\_ DOB/ID no.: 

Surname: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Full Name (s): \_\_\_\_\_

**OPTION**☐ **life save** 60 Months

N\$250 p/m (min)

N\$ \_\_\_\_\_ p/m

Date: \_\_\_\_\_ Member signature: \_\_\_\_\_ 1st Deduction date: \_\_\_\_\_

Agents Code: \_\_\_\_\_

**REFER A FRIEND**

1. Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Contact Details: \_\_\_\_\_

2. Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Contact Details: \_\_\_\_\_

How do you prefer your contract and schedule: ☐ Email ☐ Collect ☐ PostDo you want a membership card? ☐ Yes ☐ No**FOR INTERNAL USE ONLY:**

(Certified copy/verified copy)

Bank Statement ☐Non-Namibian ☐Permanent Residency ☐ID Number ☐ID Payee ☐Pay Slip ☐Birth Certificate ☐Marriage Certificate ☐☐ Domicile☐ Work Permit